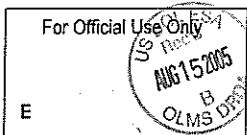


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6289</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Russell C Stepp</u> P.O. Box, Bldg., Room No., if any _____ Street <u>504 W. Central</u> City <u>Amarillo</u> State <u>Tx</u> ZIP Code + 4 <u>79108</u>	4. Name, file number, and address of labor organization. Name <u>General Drivers Warehousemen + Helpers</u> Labor Organization File Number <u>016751</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 1609</u> Street <u>201 N. Johnson</u> City <u>Amarillo</u> State <u>Tx</u> ZIP Code + 4 <u>79107</u>
5. Position in labor organization. <u>President + Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Russell Stepp

On

Aug 11, 05
Date

806-373-4349

Telephone Number

Name of Person Filing <u>Russell C. Stepp</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Southern States Savings + Retirement Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite #800</u></p> <p>Street <u>576 Sigman Road</u></p> <p>City <u>Conyers</u></p> <p>State <u>GA.</u> ZIP Code + 4 <u>30013</u></p>	<p>9. Business deals with:</p> <p>_____ a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>_____ c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>SAME AS ABOVE</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>I serve as one of six trustees for the fund.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Not Applicable</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>The fund reimburses my travel, hotel + meals for attendance at quarterly or special meetings</u></p> <p>12.b. Amount. <u>\$3,697.55</u></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing <u>Russell C. Stepp</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CARRET + COMPANY

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any Suite #541

Street 600 Old Country Road

City Garden City

State New York ZIP Code + 4 11530

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Southern States Savings + Retirement Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any Suite #800

Street 576 Sigman Road

City Conyers

State GA. ZIP Code + 4 30013

11.a. Nature of such dealing.

CARRET serves AS one of two Investment Managers of Southern States Participants' Assets.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

AS A Fund Trustee I received the Value of Food + beverage at dinners or receptions sponsored in part by CARRET (See Attachment)

12.b. Amount.

\$225,000

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Russell C. Stepp</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Atlanta Capital

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any Two Midtown Plaza Suite #

Street 1360 Peachtree St.

City Atlanta

State GA. ZIP Code + 4 30309

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Southern States Savings & Retirement Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any Suite #800

Street 576 Sigman Road

City Conyers

State GA. ZIP Code + 4 30013

11.a. Nature of such dealing.

Atlanta Capital serves as one of two investment managers of Southern States Fund participants' Assets

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

AS A Fund Trustee I received the value of food & beverage at dinners or receptions sponsored in part by Atlanta Capital.
(See Attachment)

12.b. Amount.

\$225.00/mo

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

ATTACHMENT

I am one of six elected trustees of Southern States Savings and Retirement Plan Trust Fund. Atlanta Capital and Carret and Company, investment managers of fund participants assets, have regularly sponsored (hosted) dinners/receptions at quarterly fund meetings. I have attended these events as part of my status and duties as a trustee - fund business is discussed with other trustees, consultants and managers in the process of these events.

I have no precise information as to the value of the food and beverages and have therefore estimated the amounts as \$75.00 (Per each dinner/reception).

Russell C. Stepp